

DO/ EO WORKSHEET

Patent Application Specialist/ National Stage Division

U.S. Appl. No. 10/ 579,959

International Appl. No. PCT/EP2005/053126

Application filed by : 20 months 30 months

WIPO PUBLICATION INFORMATION :

Publication No.: WO2006/024565 Publication Language : English German Japanese Chinese Korean

French Spanish Russian Other: _____

Publication Date : 09 May 2006

Not Published : U.S. only designated EP request

Published : EP request

INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

<input checked="" type="checkbox"/> International Application (RECORD COPY)	<input type="checkbox"/> PCT/IB/306
<input type="checkbox"/> Article 19 Amendments	<input type="checkbox"/> Request form PCT/RO/101
<input type="checkbox"/> PCT/IPEA/409 IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____	<input type="checkbox"/> PCT/ISA/210 - Search Report : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ <input type="checkbox"/> NONE
<input type="checkbox"/> Annexes to 409	<input type="checkbox"/> Search Report References
<input type="checkbox"/> PCT/ISA/237 : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____	<input type="checkbox"/> N/A
<input type="checkbox"/> PCT/IPEA/409 or PCT/ISA/237 was NOT AVAILABLE at the time of paralegal review	<input type="checkbox"/> Priority Document was NOT AVAILABLE at the time of paralegal review
<input checked="" type="checkbox"/> Priority Document (s) No. <u>1</u>	<input type="checkbox"/> Other : _____

RECEIPTS FROM THE APPLICANT (other than checked above) :

<input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)	<input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on : 1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____
<input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract	<input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on : 1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____
<input checked="" type="checkbox"/> Drawing Figure(s) - (# of drwgs. <u>4</u>)	<input type="checkbox"/> Assignment Document (forwarded to Assignment Branch)
<input type="checkbox"/> Translation of Article 19 Amendments <input type="checkbox"/> entered <input type="checkbox"/> not entered : <input type="checkbox"/> not a page for page substitution <input type="checkbox"/> replaced by Article 34 Amendment	<input type="checkbox"/> Assignee Statement Under 37 CFR 3.73(b)
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<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Substitute Specification Filed on : 1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Verified Small Status Statement
<input type="checkbox"/> Change of Address	<input checked="" type="checkbox"/> Oath/ Declaration (executed) <input type="checkbox"/> Oath/ Declaration <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship <input type="checkbox"/> other <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing <input type="checkbox"/> Other : _____

NOTES : I.A. used as Specification Other : _____

35 U.S.C. 371 - Receipt of Request (PTO-1390)

19 May 06

Date Acceptable Oath/ Declaration Received Same as 371 Req. Date;

Date of Completion of requirements under 35 U.S.C. 371 Same as 371 Req. Date; Same as OATH Date;

Date of Completion of DO/ EO 903 - Notification of Acceptance

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922 - Notification to Comply w/ Requirements for Patent Applications Containing Nucleotide and/or Amino Acid Sequence Disclosures

Date of Completion of DO/ EO 923